

Docket No. 64672/JPW/AJDIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): William C. Olson and Paul J. Maddon  
Serial No. : 09/828,615 Examiner: Jeffrey Stucker  
Filed : April 6, 2001 Group Art Unit: 1648  
For : METHODS FOR INHIBITING HIV-1 INFECTION

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: August 1, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been previously established.

       A verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	23 -	* 51 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time <u>      </u> Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE \$ 0				

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

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Amendment Transmittal Letter  
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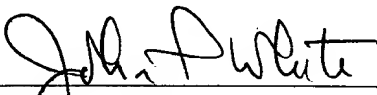
The following are also enclosed:

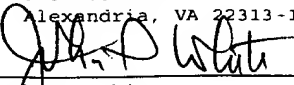
☒ One additional copy of this Amendment Transmittal Letter  
☒ Return Receipt Postcard  
☐ An Information Disclosure Statement, including Form PTO-1449  
(Copies of citations included: Yes ☐ No ☐  
and a fee of \$ ☐ included)  
☒ A Petition for an Extension of Time, including a fee of  
\$ 225.00 for a Petition for 2 Month(s) Extension of Time  
☐ Other (identify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE TOTAL FEE DUE IS \$ 225.00.

☒ A check in the amount of \$ 225.00 is enclosed.  
☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.  
☒ The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125  
as follows:  
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims  
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

  
\_\_\_\_\_  
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